

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34716

State File No. ....

OCT 25 1943 128

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 811

## 1. PLACE OF DEATH:

GREENE

- (a) County **SPRINGFIELD**  
(b) City or town **SPRINGFIELD**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1317 N. ROBBERTSON**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 1/2 hrs.** (Specify whether  
In this community years, months or days) **1 mo.**

3. (a) PRINT FULL NAME **NETTIE HAMMONTREE**

3. (b) If veteran, **NONE** name war **NONE**  
3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**  
6. (b) Name of husband or wife **unk.** 6. (c) Age of husband or wife if alive **unk.** years  
7. Birth date of deceased **OCT. 29 - 1887**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **11** Days **2** If less than one day hr. min.

9. Birthplace **Polk County MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **In home**

12. Name **Elisha Blackburn**

13. Birthplace **unk. Tenn**  
(City, town, or county) (State or foreign country)

14. Maiden name **E. Blackburn Fender**

15. Birthplace **Polk Co. MO.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. C. Copeland**

- (b) Address **SPRINGFIELD MO.**

17. (a) **Burial** (b) Date thereof **Oct 3 - 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation **Hickory Grove Cem**

18. (a) Signature of funeral director **W. H. Shugart**  
**SPRINGFIELD MO.**

- (b) Address **SPRINGFIELD MO.**

19. (a) **10-2-43** (b) **A. N. S. Hartsch**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State **MO.** (b) County **GREENE**  
(c) City or town **SPRINGFIELD**  
(If outside city or town limits, write "RURAL") **1317 N. ROBBERTSON**  
(d) Street No. **6** (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **unk.**

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **1st**  
year **1943** hour **10:00** minute **11** A. M.

21. I hereby certify that I attended the deceased from **Sept 23** 19**43** to **Oct 1** 19**43**  
that I last saw her alive on **Sept 28** 19**43**  
and that death occurred on the date and hour stated above.

- Immediate cause of death **acute enteritis** Duration **10 days**

- Due to **bacillary infection**

- Due to **Chronic Degenerative Cardiac**

- Other condition **vascular disease**  
(Include pregnancy within 3 months if death)

- Major findings: Of operations **PHYSICIAN**

- Of autopsy **1200-2**  
Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) **unk.**  
(b) Date of occurrence **unk.**  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? (Specify type of place) Means of injury **unk.**

23. Signature **Arthur Knight** (M. D. or other) **MD**

- Address **450 N. E. Canal** Date signed **10-2-43**

484 (Licensed Embalmer's Statement on Reverse Side)

Spfld, Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**